



Call-n-Ride
101 Monroe Street, 5th Floor
Rockville, MD 20850

Call-n-Ride PHYSICAL DISABILITY ATTACHMENT

For applicants age 18 and older, this form **MUST** be completed by a **licensed physician** to qualify for Call-n-Ride under a physical disability. All information has to be complete, detailed, and verifiable. By signing below Call-n-Ride Applicant and the certifying Physician agree to provide more information, if and when required by the Montgomery County Call-n-Ride Program. **PLEASE PRINT.**

**THE FOLLOWING SECTION SHOULD BE COMPLETED BY A LICENSED
PHYSICIAN**

1. I recommend certification of _____ for the Call-n-Ride program.
(Applicant's Name)

2. What is the patient's diagnosis (Provide Details)? _____

4. Is the disability Permanent or Temporary? _____

5. If temporary how long do you anticipate it to last? _____

Physician Name

Professional License #

Issuing state

Expiration Date

Street Address

Telephone

City State Zip Code

Agency

I certify and affirm that the applicant identified above has a **PHYSICAL DISABILITY**. I also certify and affirm that all information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

Physician Signature

Date

THE FOLLOWING SECTION TO BE COMPLETED BY THE APPLICANT

I certify and affirm that all information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. I also authorize Call-n-Ride Program representatives to verify my health information, as it pertains to this certification only, with the above mentioned physician.

Patient's / Guardian's Signature

Date

Patient's / Guardian's Name (*PLEASE PRINT*)

Guardian's Relationship to Patient

Patient's / Guardian's Address and Phone #

CALL -n- RIDE OFFICE USE ONLY:

Date _____ Verified? ☐ Yes ☐ No If no, why? _____

Notes: _____

Initials: _____